



UPDATED INFORMATION FOR VA TECHNOLOGY ASSESSMENT PROGRAM (VATAP) REPORTS

In June 2000, VATAP was relocated within the Veterans Health Administration from the Office of Research & Development to the Office of Patient Care Services. The following report was produced prior to the relocation of VATAP.

Current VATAP contact information is as follows:

**VA Technology Assessment Program (11T)
VA Boston Healthcare System
150 South Huntington Avenue
Boston, MA 02130**

Tel: 617.278.4469 Fax: 617.264.6587
vatap@med.va.gov
<http://www.va.gov/vatap> <http://vawww.va.gov/vatap>

TECHNOLOGY ASSESSMENT BRIEF

Shared Decision-making® Programs Report # 6

Contacts: Karen L. Flynn, DDS, MS, Elizabeth J. Adams, RRT, MPH, and
Elaine C. Alligood, MLS

Report Date: July 1997

Primary Objective: To identify the use of Shared Decision-making® Programs¹ within VA, their suitability for VA clients, and their effectiveness in treating prostate disease.

Methods Used: Systematic review of published evidence and survey of expert opinion.

Background: Shared Decision-making® Programs (SDPs) are patient education videos designed to provide objective information on the benefits and risks of alternative treatments for selected conditions. SDPs involve patients in treatment decision-making.

Key Findings: The use of SDPs within VA is limited, although VA patients seem to like them; • several barriers to use, including provider resistance and the high cost of video disc equipment and programs, were identified; • one study showed that patients who viewed SDPs on BPH were more knowledgeable about their disease and the risks and benefits of treatment options, and more satisfied with treatment; • another study demonstrated that patients who viewed the SDP on PSA screening were more knowledgeable about prostate cancer, more likely to prefer watchful waiting over active treatment for prostate cancer, and less likely to plan to have PSA screening in the next two years; • no published studies of the prostate cancer SDP were identified, but trials are reportedly underway; • VA has been active in creating and assessing some SDPs.

Conclusions/Recommendations:

- SDPs support patient involvement in care, are well received by patients, and can be used with a range of patients.
- SDPs promote outcome-focused services, and their methods and goals are aligned well with those of VA.
- Evidence on the impact of SDPs on treatment preferences for prostate care is limited.
- Large, rigorously designed studies are needed to assess the long-term impact of SDPs on the cost and quality of care.

¹ Shared Decision-making® is a registered trademark of the Foundation for Informed Medical Decision Making.